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Sheet	1	of	1	Application Number	10/618,711
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				Art Unit	2627
				Examiner Name	Tawfik A. Goma
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Examiner Signature _____ **Date Considered** _____

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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